

INVOLUNTARY TERMINATION / RESIGNATION REPORT



Attach to PAR (Personnel Action Request)

Employee Name:

Employee ID #:

Job Title:

Job Code:

Department / Division:

Dept. # (Cost Center):

Employee Class:

Involuntary:

Last Day of Employment:

☐ Regular

☐ Termination

☐ Temporary

☐ Resignation

Supervisor's Signature/Date

Print or Type Supervisor's Name

Reason for Resignation:

HR Use Only

Date received: _____

Employee's SSN: _____

Processed By: _____

Hire Date: _____